

bility and reduces viscosity and peripheral vascular resistance; they showed a shortened duration of crisis ($P < .03$) compared with placebo.⁴

A role for arteriolar vasospasm in the early stages of sickle vaso-occlusive events has been proposed; the effects of the vasodilator nifedipine on retinal and conjunctival vessels in patients with sickle cell disease was studied by Rodgers and co-workers.⁵ Treated patients showed a reversal of sickling-induced retinal arteriolar occlusion and a reduction in the conjunctival "comma sign," considered to represent localized areas of segmentation due to vasoconstriction and to be pathognomonic of the sickle syndrome. Finally, an aldehyde called 12-C-79 has been shown to reduce Hb S polymerization in humans by directly increasing the solubility of Hb S; it is currently undergoing clinical evaluation.⁶

AJAY ANAND, MD
Department of Medicine
Nassau County Medical Group
2201 Hempstead Turnpike
East Meadow, NY 11554

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Singapore's Solution to Health Care Costs

TO THE EDITOR: The American Medical Association has reported that over 40% of United States health care costs are directly attributable to American self-indulgence, coupled with our polyglot ethnic diversity and propensity to settle disputes with bullets. Tobacco, intravenous drug use, unsafe sex habits, excess alcohol and dietary fats, coupled with sedentary life-styles and lackadaisical driving habits, ratchet up health costs while Americans expect, nay even demand, that someone else pick up the tab.

Singapore has evolved a health insurance plan based on individual responsibility, not rights and privileges.¹

Article 5 of the policy statement of Mr Yeo Cheow Tong, the Singapore Minister of Health, reads:

"Our medical system is based on individual responsibility . . . no Singaporean has enjoyed or expects to enjoy health services for free. When hospitalized he pays part of the bill, more in a B class than in a C class ward. His Medisave is his *own money*. This gives him the incentive to be healthy, minimize his need for medical treatment, and save on medical expenses."¹

The individual Singaporean savings account, established in 1984 as "Medisave," is a system the United States could well copy. Each person contributes to his or her own Medisave account—currently at 6% of income—to meet future medical expenses of the immediate family. Article 35 of the Medisave government policy reiterates and clearly defines the role of each citizen in terms of personal responsibility for health. "Every Singaporean has the duty to stay fit and healthy. A healthy life-style will reduce his chances of falling sick. He should save up for future medical needs by contributing regularly to Medisave. He should use his Medisave prudently, by choosing the class of ward which he can comfortably afford."

Adopting a Medisave system by US workers would dramatically increase the nation's saving rate, currently at an all-time low compared with competitors such as Japan and Germany. Invested savings provide the capital necessary for economic growth. Such a system would also establish in the minds of US citizens their own individual participation in, and accountability for, paying for their health care.

The problems of the Scandinavian, British, and Canadian health systems have shown that centralized government control and administration of health care are unsustainable. Eventually they all collapse in the face of unrelenting and escalating demands for more and more "free" care while the countries' economies flounder under the weight and burden of taxes, stifling job growth and economic expansion.

Medicine costs more because we can do more. People live. People live longer. The people should have the final say in how each cent of their health care is bought and paid for. Our government can help by setting up tax-free medical savings accounts.

CHRISTOPHER LYON, MD, PhD
Fashion Island, Ste 402
1401 Avocado Ave
Newport Beach, CA 92660

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